

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1 OF 1  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN VOTER INSTITUTE		<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00532770         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle Initial) of Payee CV Printing		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>	
Mailing Address 1730 - 18th Street #1618		Amount <div style="border: 1px solid black; padding: 2px;">9,378.67</div>	
City State Zip Code Bakersfield , CA 93301			
Purpose of Expenditure <i>Mailers</i>		Category/ Type <div style="border: 1px solid black; padding: 2px;">25A</div>	
Name of Federal Candidate Supported or Opposed by Expenditure: Joe Baca		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 35 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">9,378.67</div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px;"></div>	
City State Zip Code			
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>	
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>		<div style="border: 1px solid black; padding: 2px;">9,378.67</div>	
<b>(b) SUBTOTAL of Unitemized Independent Expenditures .....</b>		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(c) TOTAL Independent Expenditures .....</b>		<div style="border: 1px solid black; padding: 2px;">9,378.67</div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">02</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>	